

## How to access your Health Benefits Summary

To access your 2013 plan year Health Benefit Summary for your Health, Dental and Flexible Spending (Medical and Child Care) elections, go to: <https://mybenefits.nh.gov:446/>. You will have the option to view, print or save a copy of your Health Benefit Summary. **Please note:** This web site can only be accessed on a State supported computer. In addition, voluntary benefits information is not included in this summary.

Welcome to the Benefits Summary Home Page

Logout

### Welcome to the Benefits Summary

Before you proceed, we first need to identify you as an employee of the State of New Hampshire. Please complete the verification form by entering in your First Name, Last Name, Date of Birth, and Social Security Number below. Click 'Continue' after all required information has been entered.

If you have any problem signing on after entering the information below, please contact your Agency Benefit Representative. If you are unsure who your Agency Benefit Representative is [Click here](#).

DAS Social Security Number Notice

Disclosure of your Social Security Number may be mandatory or voluntary, depending on the particular circumstances. For instance, Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 requires a participant to provide his or her Social Security Number. The State of New Hampshire Benefits Program may use your Social Security Number to confirm enrollee identification for processing benefits, including payroll deduction and state contribution, coordinating benefits among carriers, billing state agencies, and reporting to state and federal agencies. Failure to supply the information may affect the efficient, accurate and prompt payment of your benefits and in certain circumstances may violate federal law. If you have questions about providing your Social Security Number, please contact the NH Division of Personnel at (603) 271-3262.

\* = Required Field

**Please enter your information:**

First Name:  \*

Last Name:  \*

Social Security Number:  \*  
(Example: 999999999 and no dashes)

Date of Birth:  \*  
(Example: 12/31/2012)

Enter your First Name, Last Name, Social Security Number (with no dashes) and your Date of Birth (using the mm/dd/yyyy format) as it appears on your pay statement and click on "Continue".

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Done Internet 75%

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## Welcome to the Benefits Summary

*Before you proceed, we first need to identify you as an employee of the State of New Hampshire. Please complete the verification form by entering in your First Name, Last Name, Date of Birth, and Social Security Number below. Click 'Continue' after all required information has been entered.*

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\* = Required Field

**We are unable to verify you as an Active Employee. Please verify the information you have entered. Contact your Agency Benefit Representative if you have any issues.**

### Please enter your information:

First Name:  \*

Last Name:  \*

Social Security Number:  \*  
(Example: 999999999 and no dashes)

Date of Birth:  \*  
(Example: 12/31/2012)

[Continue >>](#)

If you receive this message, then you have either entered invalid personal information incorrectly or the system does not have you loaded as an Active Employee with benefits. You should make sure the information you have entered is correct by re-entering the required data and clicking on "Continue". If the result is the same, you should contact your Agency Benefit Representative.

If you are unsure who your Agency Benefit Representative is, click on "Click Here" above or go to: <http://admin.state.nh.us/hr/contacts.html> for a listing of Agency Benefit Representatives contact information by Agency.

**Note:** The DOIT Help Desk cannot assist you with this issue. You must contact your Agency Benefit Representative for assistance.

# Hello, CHRISTINA!

The Benefits Summary provides convenient access to your current Benefit coverage information. You are able to review your current Benefit coverage information by clicking the 'View Benefits' below.

Note: If you are covering a Same Gender Spouse and/or their Dependent(s) of your Same Gender Spouse on your Health Benefits, you are subject to bi-weekly post-tax deductions and imputed income that is not reflected on this website. [Click here](#) for an imputed wage schedule.

## About You

**CHRISTINA M WILLIAMS**

25 Capitol st Concord, NH 03301

[View](#)

If any of the displayed information is incorrect, you must contact your Agency Benefit Representative to make a correction to your personal information. If you are unsure who your Agency Benefit Representative is [Click here](#).

## Your Family

First Name	Middle Initial	Last Name	SSN	Date Of Birth	Relation
CAROLINE	C	WILLIAMS			Child
DAVID	M	WILLIAMS			Spouse
BRADY	A	WILLIAMS			Child

[View Benefits](#)

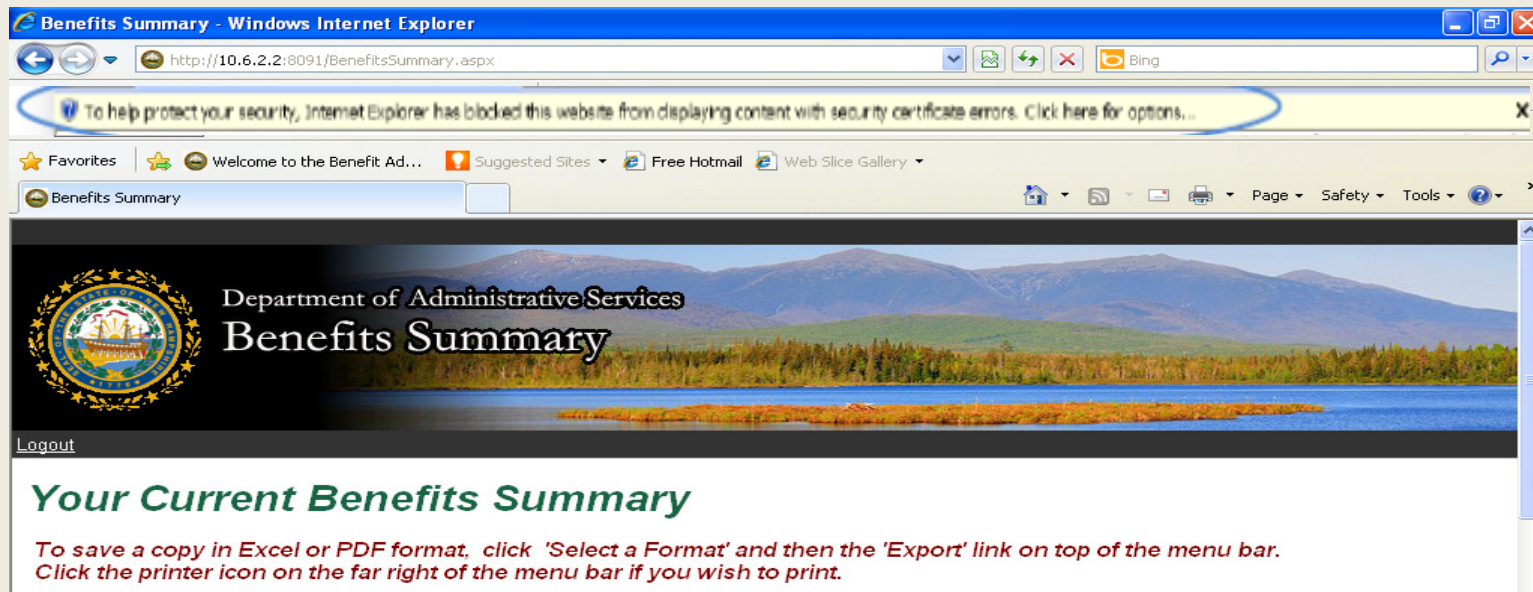
2.

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If all of the information on the left is correct, click on "View Benefits" to continue.

1.

If any of the information displayed under "About You" or under "Your Family" is incorrect, please contact your Agency Benefit representative for Assistance.



## Disabling Pop-Up Blocking

When you first try to view, download and print a Summary of Benefits you may encounter a yellow status bar above the State logo at the top of the web page that states the following:

“To help protect your security, Internet Explorer has blocked this website from displaying content with security certificate errors. Click here for options...”

To change how pop-ups are displayed

1. In Internet Explorer, click on the yellow bar.
2. Click the “Display Blocked Content”

This will allow you to display your Summary of Benefits and proceed to export and print or save it as well.

Benefits Summary - Windows Internet Explorer

http://10.6.2.2:8091/BenefitsSummary.aspx

File Edit View Favorites Tools Help

McAfee

Favorites Welcome to the Benefit Ad... Suggested Sites Free Hotmail Web Slice Gallery

Benefits Summary

Logout

## Department of Administrative Services Benefits Summary

**Your Current Benefits Summary**

To save a copy in Excel or PDF format, click 'Select a Format' and then the 'Export' link on top of the menu bar.

Close

1 of 1 100% Find | Next Select a format Export

Select a format  
Select a format  
Excel  
Acrobat (PDF) file

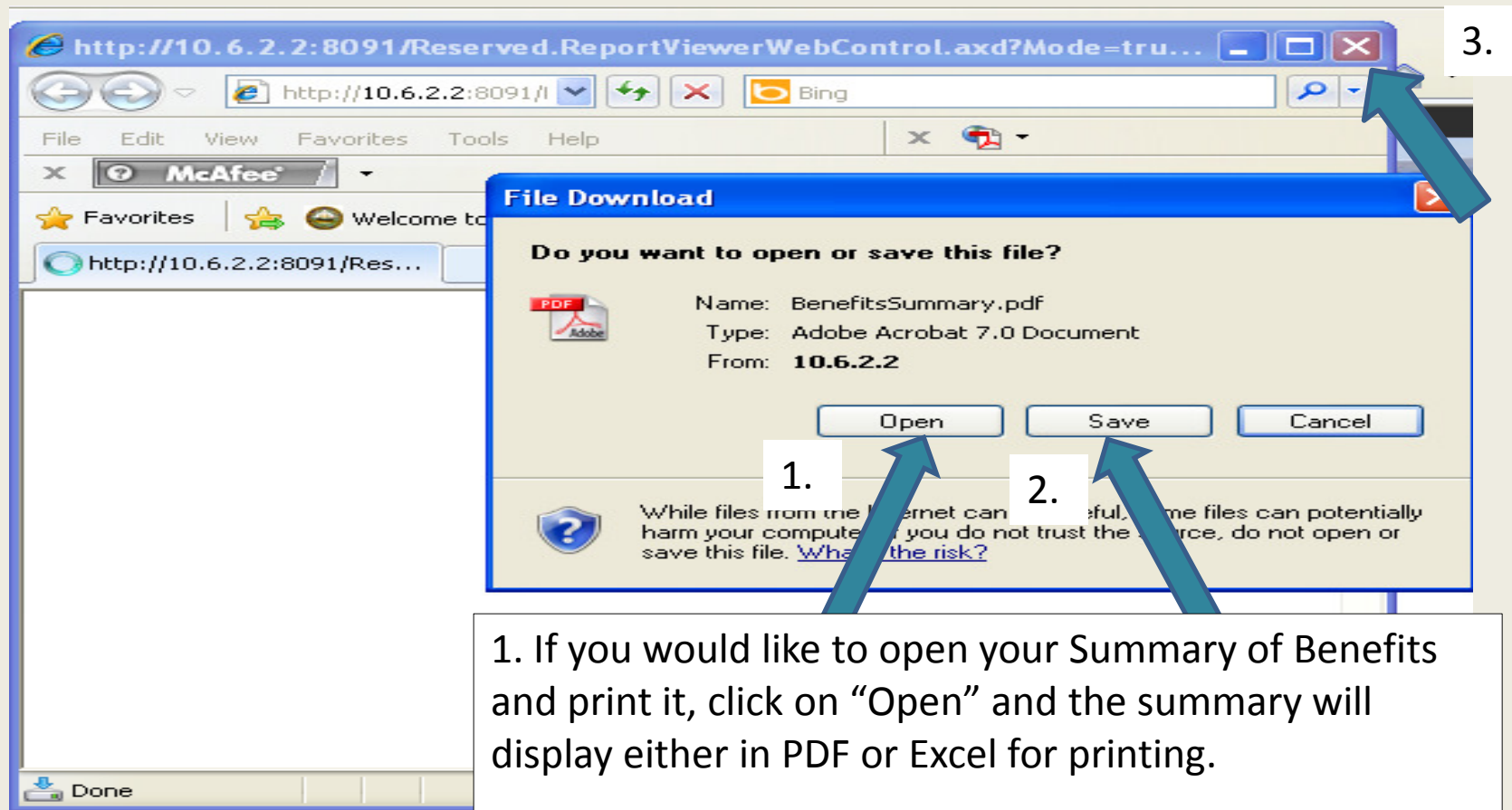
Coverage	Health Plan (includes Rx)	Plan Tier	Member Name	Relation	Waive Coverage	FSA Amount	Benefit Effective Date
Health (includes Rx)							

Done

Please note: this summary only shows benefits you are enrolled in and not benefits you waived.

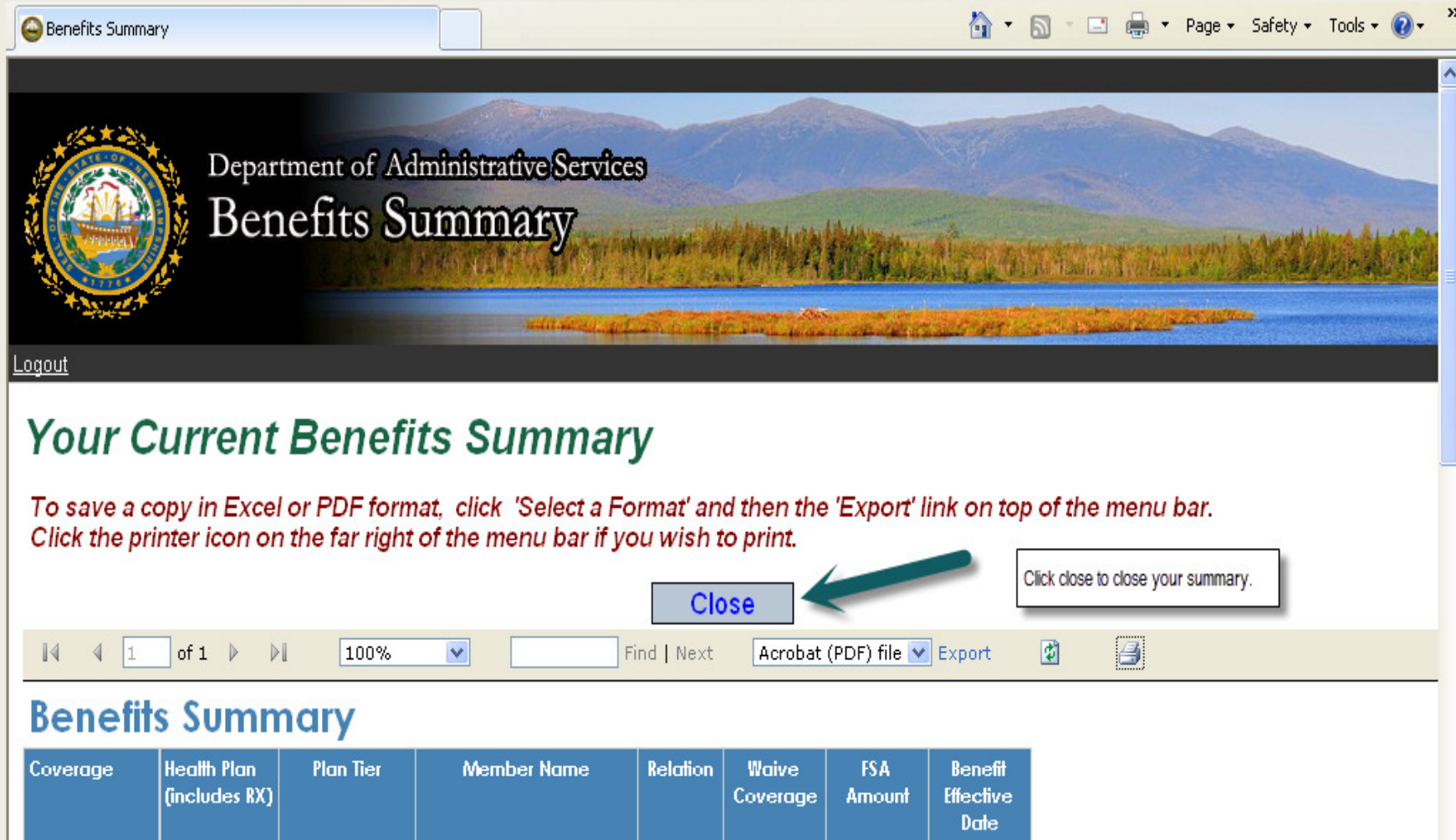
1. Chose the format you would like your summary to download into.
2. Then click on "Export".





1. If you would like to open your Summary of Benefits and print it, click on "Open" and the summary will display either in PDF or Excel for printing.
2. If you would like to save your Summary of Benefits, click on "Save" and you will be prompted to choose where to save your Summary.
3. Once you are done saving or printing your Summary of Benefits, close the Summary at the top right hand corner of the document.

Once you close your downloaded Summary of Benefits, you will then need to close your Summary of Benefits in the system. Click “Close” to close the system Summary of Benefits to return to the main page.



Benefits Summary

Department of Administrative Services  
**Benefits Summary**

[Logout](#)

**Your Current Benefits Summary**

To save a copy in Excel or PDF format, click 'Select a Format' and then the 'Export' link on top of the menu bar.  
Click the printer icon on the far right of the menu bar if you wish to print.

[Close](#)

Click close to close your summary.

1 of 1 100% Find | Next Acrobat (PDF) file Export

**Benefits Summary**

Coverage	Health Plan (includes RX)	Plan Tier	Member Name	Relation	Waive Coverage	FSA Amount	Benefit Effective Date
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[Logout](#)

Hello Joann !

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Once back on this page you may "Logout".

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[View Benefits](#)

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## About You

### Joann Employee

25 Capitol St Concord, NH 03301

[View](#)

If any of the above or below information is incorrect, you must contact your Benefit Representative to make a correction to your personal information. If you are unsure who your Benefit Representative is [Click here](#).

## Your Family

First Name	Middle Initial	Last Name	SSN	Date Of Birth	Relation
CAROLINE	C	Employee	999999999	05/01/2001	Child
DAVID	M	Employee	999999999	11/19/1969	Spouse
BRADY	A	Employee	999999999	07/05/2010	Child



Once you are back on this page, close your browser by clicking on the “X” in the right hand corner of the screen.

